Proposed Synopsis for Ph.D. in Clinical Psychology

On

DEVELOPMENT OF CULTURALLY RELEVANT INTERVENTION MODULE FOR TRIBAL YOUTHS WITH COMMON MENTAL HEALTH RELATED ISSUES.

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PROPOSED SYNOPSIS FOR Ph.D. IN CLINICAL PSYCHOLOGY

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STATE OF ART

Intervention

Intervention has been defined by Bowen et al., (2009) as any program or services which are intended to influence people's social, environmental, and organizational conditions. These interventions are also intended to change the choices, attitudes, beliefs and behaviours of people in a positive way. Similarly, in the field of mental health and related issues, psychotherapy is considered to be one of the primary intervention methods along with pharmacotherapy.

It is quite obvious from the definitions of psychotherapy or psychological intervention that the techniques involved in psychotherapy deals with emotional problems, psychological problems as well as behavioural problems adequately for the individuals, community and society at large. Some definitions of psychotherapy have been narrated below:

According to Wolberg (1967) *"Psychotherapy is the treatment, by psychological means, of problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object (1) of removing, modifying or retarding existing symptoms, (2) of mediating disturbed patterns of behaviour, and (3) of promoting positive personality growth and development"*

Frank (1961) defines psychotherapy as *"Psychotherapy is a form of help in which a trained, socially sanctioned healer tries to relieve a sufferer's distress by facilitating certain changes in his feelings, attitudes and behaviour, through the performance of certain activities with him."*

American Psychiatric Association, (APA, 2017) defines psychotherapy as "*the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable."*

In early days, when psychotherapy was not known to mankind, traditional healing methods were being used in the form of traditional medicines which are also known by the terms of Folk Medicine, Ethno-Medicine and Native Healing. These traditional medicines which are known to be the oldest form of health care system were usually

performed by the traditional healers. It is defined by World Health organization (WHO) as *"the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses"* (Olutope et al., 2020).

There are several factors those are affecting the understanding of the psychological problems as well as their solution or management in our society. Some of the major aspects have been described below.

Role of Culture in Mental Health Care

The term culture is the commonly used and more commonly misused word and is often used interchangeable with the words "ethnicity," and "race," The word culture comes from the Latin word *colo-ere*, which means to cultivate or inhabit. The term culture was first used in the social sciences by an anthropologist, and was defined as "*that complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society"* (Eshun et al., 2008).

It has been well established that culture has a crucial role when it comes to patient's mental health care. An individual's culture can influence the mental health care in many ways such as the way of perceiving the symptoms and the way of expressing the experiences can increase the chances of being misdiagnosed and impact the treatment procedure as a whole. Even the acceptance of mental health treatment is influenced by the culture as people from different cultural background may perceive the mental health care differently (Lewis-Fernandez et al., 2014). With the increase of multicultural societies, the cultural differences in mental health care were started to being acknowledged (Eshun et al., 2009).

Overtime, the widely used classificatory system of mental illness, the American Psychiatric Association (APA) also started recognising these cultural differences and gaps in psychiatric disorders. In its fourth edition, APA developed the manual to be more culturally specific by developing an Outline of the Cultural Formulation (OCF) for diagnostic and therapeutic purpose (Borra, 2008). Similarly, in its fifth edition, (APA) revised the Outline of the Cultural Formulation (OCF) and developed Clinical Formulation Interview (CFI) schedule (APA, 2013).

These cultural differences become crucial in highlighting the major concerns with regards to the mental health treatment gaps among ethnic minorities like tribals. It is important to understand that ethnic minorities have history of being discriminated, oppressed and neglected from mainstream populations and even today the ethnic minorities are subjected to similar negative experiences. These experiences have often resulted in lack of faith on the mainstream society and social service institutions among the ethnic minorities (Eshun et al., 2008).

Cultural Adaptation of Psychotherapy

There are many barriers to mental health treatments, and understanding of those barriers becomes crucial in terms of treatment planning. Some of the barriers which have been identified by the researchers are attitudinal barriers, structural barriers, financial barriers (Andrade et al., 2014) and cultural barriers (Eshun et al., 2008). Among these barriers, the cultural barriers have been found to be more relevant among the ethnic minorities.

Cultural barriers majorly impact the communication in the therapy. People from ethnic minorities are known to have distinct and diverse languages as every tribe has their own specific language and a common language to communicate with all tribes. Similarly, the style of communication both verbal and non-verbal, way of expressions and accents differ greatly between each tribe. So, in therapy, where communication is the only source of treatment, the chances of communication gap and miscommunication become higher.

Considering these issues as a major challenge for effective mental health treatment among ethnic minorities, the need for cultural adaptation of psychotherapy was acknowledged along with the cultural competency of mental health professionals was highly recommended. These recognitions of making mental health services more culturally competent have paved way for cross-cultural psychotherapy studies (Koc & Kafa, 2019).

Role of Ethnic Identity on Common Mental Health Related Issues

American Psychiatric Association defines Ethnicity in its fifth edition of Diagnostic and Statistical Manual of Mental Disorders as a "*culturally constructed group identity used to define peoples and communities. It may be rooted in a common history,*

geography, language, religion, or other shared characteristics of a group, which distinguish that group from others" (MDMBAMA et al., 2015).

Ethnic Identity can be understood as the extent to which one identifies with a particular ethnic group. Phinney (1990) defines Ethnic identity as "*a dynamic, multidimensional construct that refers to one's identity or sense of self as a member of an ethnic group*". Ethnic identity also includes having common ancestry, sharing culture, race, religion, language, kinship, and place of origin. She further states that, ethnic identity is more fluid and dynamic understanding of self and ethnic background.

Identifying with one's ethnicity can have benefits and drawbacks as ethnic identity can be sources of strength and resilience, it can also lead to many issues like psychological, interpersonal, and intergenerational conflict (MDMBAMA et al., 2015). Ethnic identity has been found to play an important role in psychological well-being and also in acting as a buffer for reducing stress of perceived discrimination. From a social-psychological viewpoint, Perceived discrimination can damage one's self-concept with the internalization of negative self-images due to racist beliefs (Mossakowski, 2003). Perceived discrimination has been significantly linked to higher level of psychological distress and emotional breakdown leading to depression, social anxiety, low self esteem, social isolation, affecting mental health and psychological well being.

Research demonstrates that ethnic minorities with a strong ethnic identity are more inclined to feel part of the larger community and society, maintain a positive sense of well-being and high self-esteem, and be resilient to life changes and stressors (Phinney & Alipuria, 1996). Research also finds that ethnic identity functions as an important psychological resource that enables ethnic minorities to be resilient against discrimination (Phinney, 2003).

Ethnic Minorities: Aboriginals/ Adivasi tribals

Historically, Aboriginals all over the world have been subjected to marginalization and social exclusions after colonisation, whereas, in India the tribals were subjected to social exclusions and marginalisation during the invasion of the Aryans and again during the colonisation (Faizi & Nair, 2016) leading to acculturation, discrimination, loss of lands, loss of cultural identity. Researchers in Canada have further established the direct

relationship of mental health problems with colonisation among Aboriginal people (Thomas & Bellefeuille, 2006). Similar findings were also reported by Mishra (2015) in his studies with tribal people in India. These issues were passed from generations to generations as a form of historical trauma and intergenerational trauma.

India is also among one of those country having aboriginals populations, known as Adivasis. The term Adivasi means "original Inhabitant" was coined in the 1930's as a part of political movement but has no legal and constitutional recognition as the Indian Constitution has represented the term Adivasi with "Scheduled Tribe". India is considered to have world's second largest Tribal's population (Verma et al., 2022) with 8.6% of total population accounting to over 104 million across 705 Tribes (Chandramouli, 2011).

Common Mental Health Related Issues among Tribals

The persisting psychological problems related to low self-esteem in tribals is often noted in the literature; historical oppression and discrimination have had their after effects on their well-being. Use of alcohol to cope with the distressing emotions was found to be reported more often by the tribals than non-tribals. Some of the factors significantly quoted more by the tribals with regard to alcohol use are as follow: "when one feels bad about oneself", "when one thinks about the bad happenings in the past", "when one feels suspicious or discriminated". Sleep disturbances have also been reported more often by tribals as a reason for alcohol intake. These behaviours are indicative of maladaptive coping among tribals.

Many Indian studies have reported high prevalence rates of anxiety, depression, suicide attempts, Post Traumatic Stress Disorders among tribal population as compared to non- tribal population. Prior national studies detected high prevalence of substance use and earlier qualitative research revealed that peer influence, traditional beliefs and cultural acceptance, all contributed to the early exposure of local tribal community to practices related to alcohol use and other mental health related issues.

Among tribal population, there is less awareness about mental health and available mental health services. Faith healers play a dominant role in treating mental disorders among tribal community as symptoms of mental illness are perceived to be bad spirit and often considered to be caused by black magic. Old practises of witchcraft are still prevalent among tribal community. Thus, seeking help from mental health professional

for any mental illness symptoms is still stigmatised and often considered as last step when the severity of the illness increases.

Ministry of Tribal Affairs formed in 1999 has reported in the summary review (Tribal Health In India- Bridging the Gap and a Roadmap for the future) that the tribal community suffers from high child mortality rates, poorer health indicators, greater burden of morbidity and very limited access to healthcare services (Government of India, 2018). Researchers have also highlighted that India still lags behind in bridging the existing gap between the tribals and non-tribals in regards to healthcare (Kumar et al., 2020).

Since, common mental health related issues are very broad and overlapping; thus, some of the issues which have been undertaken as a variable in the main study are narrated below.

Acculturation and Adjustment issues

According to Korchin, 1976, a sense of control over our behaviour, our environment, and our own thoughts and feelings is essential for good psychological adjustment (Maddux & Lewis, 1995). It has been suggested that ineffective problem solving often results in stressful outcomes and psychological maladjustment (Chinaveh, 2013).

As psychological adjustment has been found to be one of the main outcomes of acculturation, it might play an important role in the relationship between acculturation and mental health as psychological adjustment was also found to be closely related to mental health. Upon exploration of the pathways of these relationship three latent variables of acculturation was found to indirectly affect mental health through psychological adjustment. Among those pathways, lifestyle had the greatest impact on psychological adjustment, followed by social interaction and language (Shi et al., 2019).

Role of self esteem in Common Mental Health Related Issues

According to Rosenberg (1965), *"Self-esteem is regarded as a personal psychological characteristic relating to self-judgment based on one's values about humans."* Self esteem has been found to play crucial role in modulating mental health as studies have found that people with high self esteem tend to have positive, well-anchored, and secure feelings of self-worth and are often considered to be satisfied with

themselves. They are also found to be better at making new friends, providing emotional support to others, and resolving interpersonal conflicts. However, people with low self esteem tend to evaluate themselves negatively, they have feelings of failure, incompetence, worthlessness, feelings of being weak, helpless, hopeless, frightened, vulnerable and inadequate (Rizwan et al., 2015).

Low self esteem has been found as one of the strongest predictors of emotional and behavioural problems. In comparison to people with high self-esteem, people with low self-esteem tend to be more anxious, depressed, lonely, jealous, shy, and generally unhappy. They are also less assertive, less likely to enjoy close friendships, and more likely to drop out of school (Leary et al., 1995). Thus, as research has shown strong implication of low self-esteem as a risk factor for psychological distress and behavioural problems, it was recommended that working towards improvement of self-esteem as a way to remediate a variety of personal and social problems (Mecca et al., 1989).

Role of Self Efficacy in Common Mental Health Related Issues

Bandura, 1997 defines self esteem in his Social Cognitive Theory as "beliefs about one's ability to organize and execute the courses of action required to produce given attainments" he argues that the stronger the self efficacy, the more likely are persons to select challenging tasks, persist at them and perform successfully. According to Bandura (1997) People develop self-efficacy beliefs by integrating information from five sources namely: verbal persuasion, performance experience, affective and physiological states, vicarious experience and imaginal experience. Self efficacy has been also been identified as a key determinant of individual's motivation, learning, self regulation and achievement (Schunk & Pajares, 2009). Self efficacy has shown to be correlated with lower mental stress, higher adaptation and higher interest to health and care programs (Bandura & Pastorelli, 1999).

Individuals with poor self-efficacy tend to avoid obstacles in their lives rather than dealing with them effectively, often results in poor mental health outcomes. Self-efficacy has been found effective in moderating the negative effect of manifestation of stress in distress, psychological, emotional and social well-being (Gull, 2016). Similarly, positive self-efficacy beliefs have been found to have an effective role in the treatment of mental diseases and further self- efficacy has also been found to have negative relationship with depression and anxiety (Endler et al., 2001; Lenz et al., 2002).

PROBLEMS TO BE INVESTIGATED

The problem undertaken in the proposed study is to explore and examine the relevant components for developing culturally relevant Intervention Module for tribal youths with Common Mental Health Related Issues by conducting Focused Group Discussions comprising of 10 mental health professionals and 10 community workers. It further attempts to assess the applicability of the developed module on common mental health related issues such as ethnic identity, self esteem, self- efficacy and adjustment among tribal youths by applying pre-post experimental design.

AIM OF THE STUDY: To develop and assess the applicability of culturally relevant intervention module with regards to the common mental health related issues such as ethnic identity, self- esteem, self- efficacy and adjustment among tribal youths.

OBJECTIVES OF THE INVESTIGATION AND MOTIVATION

OBJECTIVES

- To develop an Intervention Module for the tribal youths with Common Mental Health Related Issues such as ethnic identity, self- esteem, self-efficacy and adjustment.
- To assess the applicability of the developed Module by examining the level of Common Mental Health Related Issues such as ethnic identity, self-esteem, self- efficacy and adjustment of tribal youths by conducting pre-post intervention method and follow up assessment.

OPERATIONAL DEFINITION

- Culturally relevant Intervention: culturally appropriate intervention can be operationally defined as a set of behaviour change strategies that meet each of the following characteristics: (a) The intervention is based on the cultural values of the targeted group, (b) the strategies that make up the intervention reflect the subjective cultural characteristics of the members of the targeted group, such as their attitudes, expectancies, norms regarding a particular

behaviour, and (c) the components that make up the strategies reflect the behavioural preferences and expectations of the members of the group (Marin, 1993)

- Common Mental Health Related Issues: In the proposed study Common mental Health related issues can be operationally defined as various psycho-social-cultural factors such as ethnic identity, self esteem, self efficacy, adjustment issues which are associated with common mental health related issues among tribal youths.

MOTIVATION

With regards to tribal mental health, we know that tribals in India have distinct ethno-cultural and linguistic backgrounds as compared to other majority groups (Mishra, 2015). They also tend to have their own cultural beliefs about mental illnesses, their attitude towards the treatment, belief in traditional healing system as well as their help seeking behaviours also differ greatly from the majority groups (Sadath et al., 2018).

Benti et al., (2016) explains that the conceptualization and perception of mental illness varies across communities and people tend to have strong cultural beliefs that may leads to stigmatization, further studies have also found the impact of culture in forming stigmatization about mental illness (Link et al., 2001).

Mental health programs and services that are in practise today have been designed with mainstream cultural perspective of mental health and illness. These services tend to ignore the unique cultural identities, histories and socio-political contexts of the everyday lives of the aboriginal peoples, putting them at risk of not recognizing and meeting their health care needs (Thomas & Bellefeuille, 2006).

The systematic review on mental health research on scheduled tribes in India (Devarapalli et al., 2020) identified only 32 studies published from January 1980 - December 2018. On quality assessment only 3 studies were found on high quality, 20 were on moderate and 9 were of poor quality. The review indentified the need to understand how mental health symptoms are perceived in different Scheduled Tribe communities and investigate the healing practices associated with distress.

The systematic review also discussed that research on tribals will be more impactful and beneficial when research is driven by priorities that are identified by indigenous communities and involve their active participation, and incorporate their knowledge and perspectives in the processes and findings.

RESEARCH HYPOTHESES

- There will be no significant difference between the participants of experimental group and control group on the level of ethnic identity, self esteem, self efficacy and adjustment of tribal youths with common mental health related issues in pre and post intervention assessment.
- There will be no significant difference between the participants of experimental group and control group on the level of ethnic identity, self esteem, self efficacy and adjustment of tribal youths with common mental health related issues on follow-up assessment.

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RESEARCH DESIGN AND METHODOLOGY

Design of the Study

The proposed study will be conducted on two phases, Phase I will be focused on the development of intervention module by using exploratory design and Phase II will be focused on the applicability of the developed module by using pre- post experimental design. The target population will be college going tribal students with common mental health related issues such as ethnic identity, self esteem, self efficacy and adjustment.

- **Phase-I**: Development of culturally relevant intervention module among the tribal youths with common mental health related issues such as ethnic identity, self esteem, self efficacy and adjustment.
- **Phase-II**: Assessment of the applicability of the developed culturally relevant intervention module by examining the level of common mental health related issues such as ethnic identity, self esteem, self efficacy and adjustment among tribal youths.

Phase - I

Phase - I: **Development of Culturally Relevant Intervention Module**.

The first phase encompasses developing an intervention module for the purpose of addressing common mental health related issues such as ethnic identity, self-esteem, self-efficacy and adjustment among tribal youths.

The tentative steps for phase-I are as follow:

1. Constructing semi-structured interview schedule for facilitation of focused group discussions
2. Focused group discussions will be carried out for :
    - Need based assessment
    - Identification of the culturally relevant components for intervention development.
3. Development of objectives for the culturally relevant intervention module.
4. The structure, content and schedule of the culturally relevant intervention module will be designed.
5. Pilot study will be carried out among 5 participants.

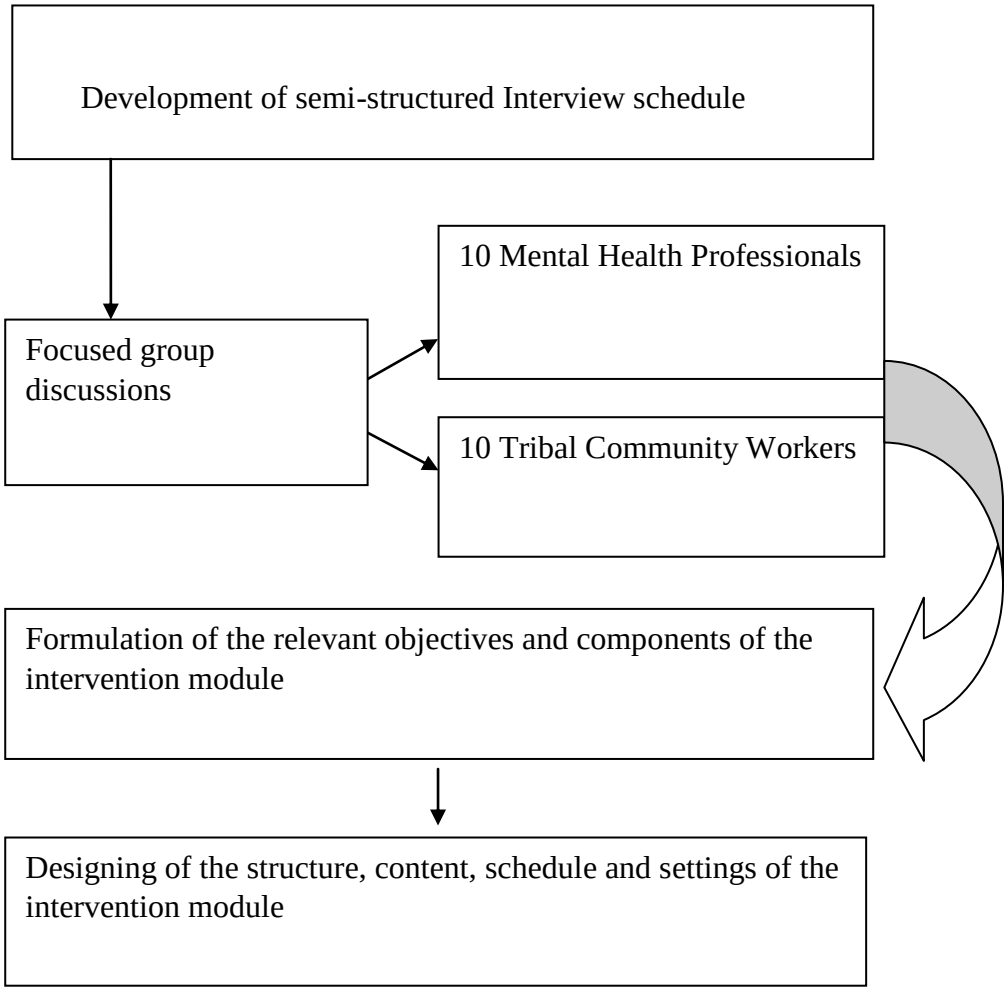
Phase-I: Development of Culturally Relevant Intervention Module

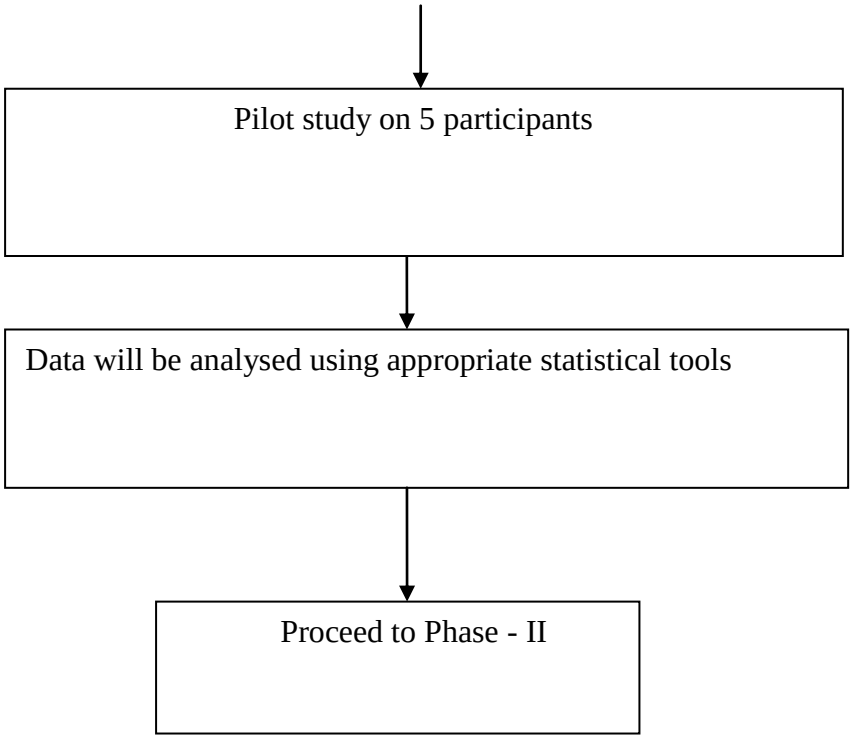
- Initially, detailed information and data related to the development process of intervention module among tribal population will be gathered. The information will include literature available across the countries with aboriginal population.
- As per the understanding gained from the gathered information, a semi-structured interview schedule will be developed for conducting focused group discussions to evaluate the need-based assessment and explore the relevant components for the development of intervention module among tribal youths with common mental health related issues.
- Focused group discussions will be carried out with 10 mental health professionals (Psychiatrists, clinical psychologists and psychiatric social workers) and 10

community workers (tribal people who are working for the community welfare). The venue of group discussions will depend upon the logistics available.

- The input from focused group discussions will be audio- recorded. The recorded input will then be transcribed and initial coding will be generated. On the basis of which emerging sub themes and broad themes will be analysed qualitatively using thematic analysis.
- On the basis of thematic analysis, the objectives and relevant components of the module development will be done and accordingly, the structure, content and the schedule of the intervention module will be designed.
- Lastly, pilot study will be carried out among 5 participants and pre- post intervention assessment will be conducted. Obtained data will be analysed using appropriate statistical tools.

Flowchart for Phase I


Development of semi-structured Interview schedule
Focused group discussions
10 Mental Health Professionals
10 Tribal Community Workers
Formulation of the relevant objectives and components of the intervention module
Designing of the structure, content, schedule and settings of the intervention module



Phase - II

Phase - II: Applicability of Developed Culturally Relevant Intervention Module

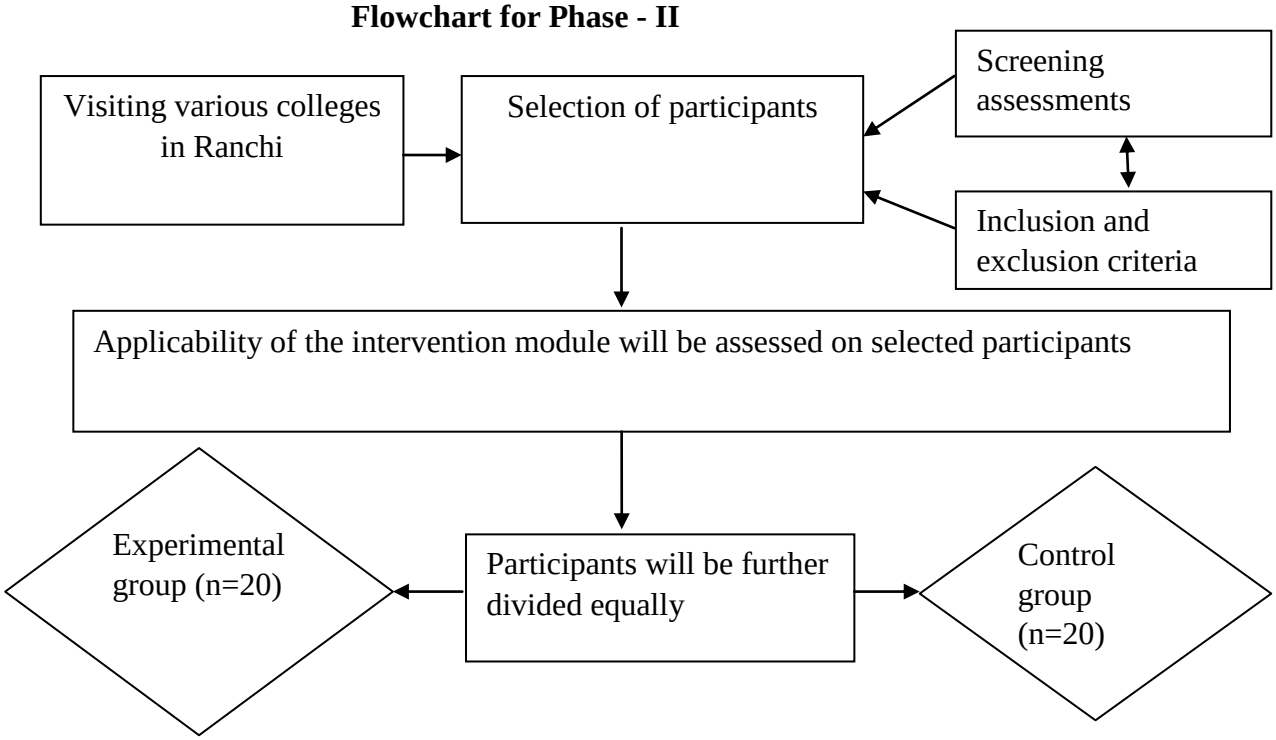
The tentative steps involved are as follow:

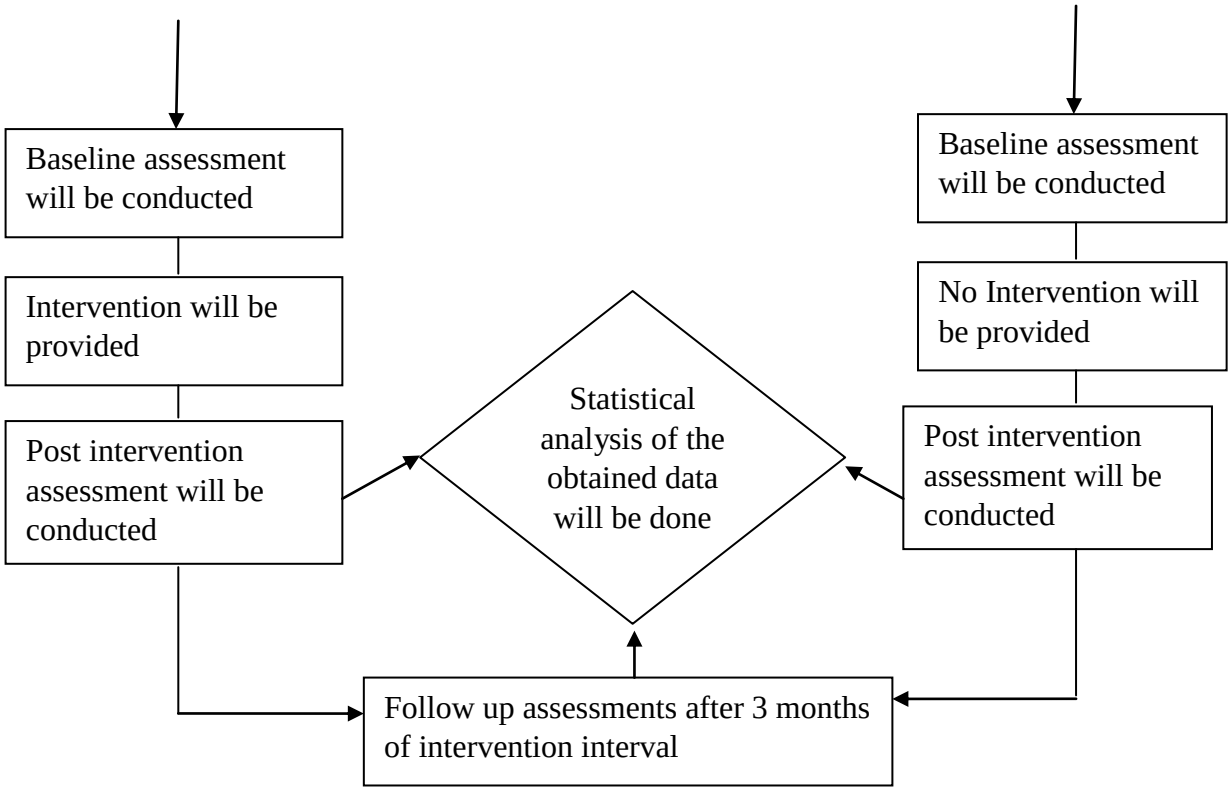
- Screening of the participants from various colleges in Ranchi.
- Recruitment of the participants and dividing them equally into experimental group and control group.
- Baseline assessments will be carried out before intervention.
- Application of developed culturally relevant intervention module
- Post- intervention assessments to be carried out.
- Lastly, follow-up assessment after 3 months of intervention interval will be carried out.

Phase - II: Applicability of the Developed Culturally Relevant Intervention Module

- Phase II will be initiated by sample selection on the basis of screening tests and inclusion and exclusion criteria. Participants will be selected from various colleges in Ranchi after taking permissions from the college authorities.
- Participants will be equally divided into experimental group and control group through randomization.
- Pre- intervention assessment will be carried out to assess the baseline levels of ethnic identity, self esteem, self efficacy and adjustment of the participants from both groups.
- After conducting the baseline assessment, the developed intervention module will be applied among experimental group participants. Venue will depend upon the logistic available.
- Upon completion of the intervention, post intervention assessment will be carried out by applying the same assessment tools to see the changes in the levels of ethnic identity, self esteem, self efficacy and adjustment of the participants from both groups.
- Lastly, follow up assessment will be carried out on participants from both the groups after three months of intervention interval.
- Obtained data will be analysed using appropriate statistical tools.

Flowchart for Phase - II


Visiting various colleges in Ranchi
Selection of participants
Screening assessments
Inclusion and exclusion criteria
Applicability of the intervention module will be assessed on selected participants
Experimental group (n=20)
Participants will be further divided equally
Control group (n=20)


Baseline assessment will be conducted
Intervention will be provided
Post intervention assessment will be conducted
Baseline assessment will be conducted
No Intervention will be provided
Post intervention assessment will be conducted
Statistical analysis of the obtained data will be done
Follow up assessments after 3 months of intervention interval

Probable Session Plan

Frameworks	**Techniques**	**Target Domains**
• Ethnic Identity development Framework (Phinney, 1992) • Social and Emotional Well-being Framework (Gee et al., 2014) • Aboriginal model of Strong Spirit Strong Mind (Casey, 2013), • Cultural Formulation Interview schedule DSM-V (APA, 2013)	• Psychoeducation • Exploration and Resolution technique • Therapeutic alliance • Decision making skills • Coping techniques • Problem Solving techniques • Emotional awareness techniques • Motivation • Social Skills training	• Help seeking behaviour • Enhancing Self esteem • Enhancing self efficacy • Psychological adjustment • Social and emotional well-being

Tentative structure of the module:

- Setting of the sessions: Group setting
- Duration of each sessions: approx 45-60minutes
- Tentative No. of sessions: 10-15 sessions
- Frequency of the sessions: twice a week

SOURCES OF DATA AND TOOLS TO BE USED IN COLLECTION OF DATA

Study Venue

This study will be conducted at Ranchi Institute of Neuropsychiatry and Allied Sciences (RINPAS), Kanke, Ranchi, Jharkhand. However, data will be collected from various colleges in Ranchi. Venue of the intervention will depend upon logistics available.

Sample: Forty participants will comprise total sample in the proposed study. Before starting the main study a pilot study will be conducted with 5 participants. Participants will be selected through Purposive Random Sampling technique.

INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria

- Participants aged 18- 25 years both male and female.
- Participants from tribal ethnicity.
- Participants who can read and write English or Hindi.
- Participants who are studying in college in Ranchi, Jharkhand.
- Participants scoring above 24 in Kessler Psychological Distress Scale.
- Participants scoring 11-26 (Mild) in alcohol score of ASSIST.

Exclusion criteria

- Participants with any physical disability and neurological conditions.
- Participants with any other diagnosable psychiatric illnesses according to ICD 10 and DSM 5.
- Participants with emergency conditions such as being highly suicidal and others.
- Participants who are studying psychology as honours subject or pursuing diploma in Counselling and Guidance.

Tools to be used (Hindi versions of all the tools are available)

- Semi structured Interview schedule (will be developed by the researcher)
- Socio- demographic sheet (will be developed by the researcher)
- Kessler Psychological Distress Scale (Kessler & Mroczek, 1992)
- Alcohol, Smoking and Substance Involvement Test (Humeniuk, Henry-Edwards, Ali, Poznyak & Monteiro, 2010)
- Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979)
- Multigroup Ethnic Identity Measure (Phinney, 1992)
- General Self efficacy scale (Schwarzer & Jerusalem, 1995)
- Rosenberg Self-esteem scale (Rosenberg, 1965)
- Brief Psychological Adjustment Scale (Cruz, Peterson, Fagan, Black, & Cooper, 2019)

Description of the Tools

Semi Structured Interview Schedule

Semi structured interview schedule will be developed in English and Hindi language by the researcher for focused group discussions. The interview schedule will comprise of open-ended questions to facilitate discussions.

Socio Demographic Data Sheet

Socio demographic data sheet will be developed in English and Hindi language by the researcher. Which will include Age, Sex, Socioeconomic Status, Educational level, Medium of education, Family Type, Family Income, Siblings, Mother tongue, Language known (spoken and written), Name of the Tribe (e.g. Munda, Oraon, Santhal, Ho), Religion (e.g. Sarna, Christian).

Kessler Psychological Distress Scale (K10)

Kessler-10 was developed by Kessler and Mroczek (1992). This tool will be used as a screening tool in the study. It is a 10-item questionnaire used to assess psychological distress in an individual and it has been widely used in India and World Mental Health Survey for assessing mental illnesses (Andrew & Slade, 2001). The K10 consists of 10 items with each five likert-type response categories: ‘none of the time’ (1), ‘a little of the time’ (2), ‘some of the time’ (3), ‘most of the time’ (4) and ‘all of the time’ (5). The

respondents are asked to indicate their level of distress over the past thirty days. The total score can range from 10− 50 with higher scores indicating greater psychological distress. The optimal cut-off score of 24 has been established for Kessler 10 item scale (Cornelius et al., 2013). The internal consistency Cronbach's alpha was 0.919, indicating good to excellent reliability (Sampasa-Kanyinga et al., 2018).

The convergent validity evidence of the K10 with other measures of psychological distress such as the General Health Questionnaire has been well-established. The criterion validity of the K10 as a tool for predicting serious mental illness has been found to be good to excellent. Strong predictive value has also been noted for past-year mental disorders for those with serious and less serious mental illness. The K10 has also been found to correlate with other important mental health-related outcomes (Sampasa-Kanyinga et al., 2018). Due to its wide acceptability, the scale has been adapted in many languages across the world including Hindi adaptation in India. The Hindi version of the scale was also found to have good internal consistency reliability with Cronbach's $\alpha = 0.93$ (Bhat et al., 2021).

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

This tool will be used as a screening tool in the study. ASSIST was a project undertaken by World Health Organization and manual was developed by international group of addiction researchers and clinicians for primary care. The scale has undergone revisions for three times over period of time (Humeniuk et al., 2010).

The 3rd version of the scale will be used in the present study, it has 8 item questionnaires, with first 7 items consisting of 10 questions each, covers the ten substances which are tobacco, alcohol, Cannabis, cocaine, amphetamine type stimulants, inhalants, sedatives, hallucinogens, opioids and 'other drugs'. However the 8th item consists of only 1 question. It takes about 5-10 minutes in administration. The scale has been used across countries among various cultures and was found to be more relevant and culturally appropriate (Ali et al., 2013). The development of the scale also included data collection from Clinical Research Units (CRUs) in India, making it suitable for the Indian population as well (Humeniuk et al., 2008).

In its psychometric properties, the Cronbach's alpha demonstrated good inter-item correlation for ASSIST–SSI scores of tobacco (0.80), alcohol (0.84), cannabis (0.86), cocaine (0.93), ATS (0.94), inhalants (0.93), sedatives (0.89), hallucinogens

(0.77) and opioids (0.94). In terms of discriminative validity, ROC analysis showed that the ASSIST was able to discriminate between low risks versus moderate risk, and. moderate risk versus high risk for each substance. According to Humeniuk et al., (2008) the cut-off score has been established of 4 and above for all substances while score of 10 and above has been established for alcohol.

Scale for Suicide Ideation (SSI)

Beck had proposed that presence of current plans and wishes to commit suicide without any attempts can also represent suicide ideation and in order to measure the same Beck along with Kovacs and Weissman, developed 19 items scale in 1979. The scale is a severity rating scale with 3-pointer ranging from 0, 1, and 2. The maximum score of 38 and minimum score of 0 will be obtained from the scale.

Beck, Steer and Ranieri (1988) have reported the psychometric properties of a self- reported version of SSI on clinical population in which the concurrent validity of the scale was found to be high with Pearson product-moment correlation of 0.90 ($p < .001$), and cronbach coefficient alpha value of 0.93 indicating high internal consistency.

Zhang and Brown (2007) have reported that the scale for suicide ideation is one of the most widely used measures of suicide ideation in the West and the scale is one of the few suicide assessment instruments that have been documented to have the predictive validity for completed suicide. SSI has also been validated on non-clinical samples and found the Interclass correlation coefficient of 0.96 indicating high inter-rater reliability (Bruce et al., 2004).

Multigroup Ethnic Identity Measure (MEIM) 20 items

Jean Phinney (1992) developed 14 item questions to assess three aspects of Ethnic Identity (EI): Ethnic identity achievement (7 items), Ethnic behaviors or practices (2 items), and Ethnic affirmation and belonging (5 items). According to Worrell et al., (2006) an additional (6 items) were developed to measure Other Group Orientation (OGO) Internal consistency estimates for scores were in high range for Ethnic Identity (0.81 - 0.90) and in moderate range for OGO (0.71 - 0.74).

Item scores range from 4 to 1, with strongly agree being given score of 4, somewhat agree is given score of 3, somewhat disagree is given a score of 2 and strongly

disagree is given score of 1. High score indicates a strong level of ethnic identity and low score indicates a weak level of ethnic identity.

General Self efficacy Scale (GSE)

General Self efficacy scale was developed by Matthias Jerusalem and Ralf Schwarzer in 1979 and it was originally developed in German language with 20 items. Later in 1981 the scale was adapted in 28 other languages and the items were reduced from 20 to 10 (Scholz et al., 2002).

The scale is a self report measure of self efficacy with internal consistencies between alpha = 0.75 and 0.91 have been found across several longitudinal studies. In terms of validity the scale is correlated to emotion, optimism, and work satisfaction. Negative coefficients were found for depression, stress, health complaints, burnout, and anxiety. The scale has a 4 pointer scoring 1-4; not at all true (1) hardly true (2) Moderately true (3) Exactly true (4). The total score is calculated by finding the sum of the all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy (Schwarzer & Jerusalem, 1995).

Rosenberg Self-esteem Scale (RSE)

Rosenberg self esteem scale was developed by Rosenberg in 1965 using item response theory. It has been reported to be a widely used self-report instrument for evaluating individual's self-esteem (Gray-little et al., 1997).

The RSE is a 10-item Guttman scale measure designed to measure global feelings of self acceptance and self worth. Items are rated on a 4-point likert-scale (3 = "mostly agree"; 0 = "mostly disagree"). It is composed of five positively worded and five negatively worded items (Aluja et al., 2007). A self esteem score is calculated after reversing the positively worded items. The scale ranges from 0-30, with 30 indicating the highest score possible. The higher the score, higher the self esteem. This measure has demonstrated test-retest reliability of 0.85 and an internal consistency reliability of 0.88 (Rosenberg, 1965). It has strong evidence of concurrent, construct, and predictive validity (Blascovich & Tomaka, 1991).

Brief Psychological Adjustment Scale (BASE-6)

The development of the six-item Brief Adjustment Scale (BASE-6) was developed by Cruz et al., (2020) to address the need for a brief and valid measure of general psychological adjustment as an efficient patient reported outcome measures (PROMs) to assess outcomes with the goal of improving accountability, reducing healthcare expenditures, and maximizing service quality (Cruz et al., 2020).

The Brief Adjustment Scale-6 (BASE-6) is a six-item self-report measure of general psychological adjustment developed as a shorter alternative to the most commonly used instrument for overall distress and functioning, the Outcome Questionnaire-45 (Peterson, 2015).

The evaluation procedure was conducted in 3 samples participants with 2 non clinical samples (online community sample, and college student sample) and 1 clinical sample. The BASE-6 demonstrated excellent internal consistency Cronbach's α in Sample 1= 0.93, Sample 2 = 0.87, and Sample 3 = 0 .89. Test–retest reliability was in the moderate range, with an intra-class coefficient value of 0.77, indicating high level of reliability measures.

As in the development of other brief alternatives to the OQ-45.2, items for the BASE-6 were developed using a rational approach to reflect three aspects of psychological adjustment assessed by the OQ-45.2 such as symptom distress, interpersonal functioning, and social role functioning. The BASE-6 showed high convergent validity with OQ-45.2 (rSample1= 0.81, rSample2 = 0.66).

All items on this scale are on a seven-point response scale (1 =not at all, 4 = somewhat, 7 = extremely), with higher scores indicative of lower general psychological adjustment. The administration of this scale is usually completed by1minutes or less (Cruz et al., 2019).

ANALYSIS OF DATA

The data which will be obtained through pre-assessment, post-assessment and follow up assessment from the participants will be analysed using appropriate Statistical Package for Social Sciences (SPSS) tools.

SIGNIFICANCE OF THE STUDY

As stated by researchers (Thomas & Bellefeuille, 2006), the aboriginals around the world were at risk and there are chances of getting their mental health care neglect. Since the available mental health programs and services were designed based on the mainstream cultural view point of mental health and illness thus ignoring the unique cultural identities, histories and socio-political contexts of the aboriginal peoples. Thus, the proposed study will be significant in addressing the gaps in terms of acknowledging the cultural differences while designing the mental health programs and services for the tribals.

The proposed study will also be significant in bridging the existing gaps in terms of mental health care needs, seeking and providing mental health care services, mental health literacy and attitude towards mental health related issues.

Although the most common mental health and behavioural issues known in tribal community are the alcohol related issues. However, there are many other psycho-social factors which contribute to the severity of alcohol related issues which often gets neglected. Thus, considering the overall well being of people from tribal community, the proposed study will highlight the significance of addressing common mental and associated issues.

When it comes to the well being of people from the tribal community, acculturation and assimilation with other mainstream culture plays a very crucial role in affecting their self-esteem, self efficacy and adjustment and identification with their own ethnicity, thus the proposed study will be significant in connecting tribal people with their own ethnic culture as strong ethnic identity has shown to be a protective factor towards maintaining their well-being.

Thus, the proposed study will contribute in these following ways:

- Promoting and advocating mental health issues at individual level as well as at community level.
- Providing culturally relevant intervention to the people from tribal culture.

- Helpful for the mental health professionals in order to be able to relate and connect more with the people from tribal culture with regards to providing mental health services.
- Encourage researchers for further studies in relevant area, as there are limited studies on tribal mental health and limited data on clinical significance of any intervention.

It's Relevance to the Present Day Problem and Need to the Society

With available literature on tribal mental health in India, it is evident that the prevalence rates of common mental health related issues are much higher among tribal participants as compared to non- tribal participants. The findings are also suggestive of improper mental health awareness, rigid negative beliefs towards mental health, reluctance in seeking help from mental health professionals. Even with high prevalence rates, people from tribal culture tend to seek professional help as very last step.

It is quite obvious that the stressors were found to be associated with low self esteem, poor self efficacy and poor adjustments among ethnic minorities, in India as well other countries were mainly resulted from acculturation and assimilation into mainstream population, thus, making them more vulnerable to poor mental health, adjustment issues, alcohol and substance addiction and other problems. These issues are also found to be associated with high school drop outs, college dropout rates among tribals as compared to non-tribals.

Thus, the proposed study will help identify and minimize the possible risk factors and barriers towards receiving mental health services. The study aims at enhancing their capability to cope with stressful situations, adopting healthy coping mechanisms, strengthening their social connections and more importantly knowing more about their cultural roots to strengthen their self-perception and form strong identity. Studies also revealed that ethnic minorities who have achieved ethnic identity has high self esteem, their ability to handle the discrimination stress was comparatively better.

Future work

- The study can be helpful in early identification and prevention of common mental health related issues among tribals.
- The study can be helpful in reducing the stigmatised beliefs about mental health and its related issues and enhance help seeking behaviour among tribals. s

- Young generations of tribals can be encouraged towards preserving their ethnicity, as it is found that ethnic behaviour, ethnic pride act as a protective factor for better mental health outcome through developing coping strategies, building motivations, hence, intervention plan for minorities shall be done. .
- Promotion of mental health related issues in the community through workshops and awareness programs.
- More research studies can be carried out highlighting the strengths and resilience of the tribals rather than only limitation and prevalence's of mental health disorders.
- More research studies can be focused on developing culturally relevant intervention methods for tribal populations.
- Such researches can be implemented in policy making for tribal community.

Ethical Consideration

Ethical consideration will be taken care during present research investigation.

(Note: This synopsis is tentative, which may be modified or changed based on availability of cases, tools, techniques and other situations.)

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TENTATIVE CHAPTERS

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- PROBLEMS TO BE INVESTIGATED
- OBJECTIVES OF THE INVESTIGATION AND MOTIVATION
- RESEARCH HYPOTHESIS
- RESEARCH DESIGN AND METHODOLOGY
- SOURCES OF DATA AND TOOLS TO BE USED IN COLLECTION OF DATA
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- SIGNIFICANCE OF THE STUDY
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